

MEETING OF: June 9, 2015

TITLE:	Request To Cancel Board Approved Leave of Absence for Certified Personnel
ITEM #:	7
Information: Study: Action:	X

# PURPOSE:

To approve the list of requests to cancel Board approved leave of absence submitted by certified personnel.

# **DESCRIPTION AND JUSTIFICATION:**

Anna Maiden will be available to answer questions.

# **BOARD POLICY CONSIDERATIONS:**

# LEGAL CONSIDERATIONS:

For all Intergovernmental Agreements (IGAs), Initiator of Agenda Item provides the name of the agency responsible for recording the Agreement after approval:

For amendments to current IGAs, Initiator provides original IGA recording number:

Legal Advisor Signature (if applicable)

BUDGET CONSIDERATIONS:	Budget Certification (for use by Office of Financial Services only):	
District Budget State/Federal Funds Other	Date I certify that funds for this expenditure in the amount of \$ are available and may be:	
Budget Cost Budget Code	Authorized from current year budget Authorized with School Board approval Code: Fund:	

# INITIATOR(S):

Anna Maiden, Chief Hun	man Resources Officer	06/02/15	
Name	Title	Date	
DOCUMENTS ATTACHE	D/ ON FILE IN BOARD OFFI	ICE:	
ATTACHMENTS:			
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